

COVID-19 Hotel Quarantine Inquiry

Government Response to the Final Report

Introduction

The Victorian Government welcomes the Board of Inquiry into the COVID-19 Hotel Quarantine Program (Inquiry)'s Final Report and thanks the Chair, the Hon. Jennifer Coate AO, and Inquiry staff for their hard work preparing comprehensive Interim and Final Reports.

The Victorian Government has taken or is taking action to implement all 81 of the Inquiry's recommendations. Of the 81 recommendations, the Government:

- has accepted and already acquitted 49 recommendations;
- has accepted and already acquitted four recommendations in part;
- has accepted and will implement eight recommendations in full; and
- has referred 20 recommendations to National Cabinet to ensure a nationally consistent approach.

The Government accepts all 12 new recommendations in the Inquiry's Final Report

Of the 12 new recommendations in the Final Report, three recommendations relating to the reset COVID-19 Accommodation Program (the Program) had already been acquitted in the reset model of the Program. The Government has accepted all eight of the remaining new recommendations, with seven, relating to oversight, accountability and emergency management, to be implemented during 2021, and the remaining recommendation relating to pandemic planning exercises to be implemented in 2022.

More broadly, the Government is committed to learning from these lessons, to ensure that Victoria continues to deliver the safest and most effective quarantine system possible.

Testing regime and returned travellers rights and welfare in the Program

The Government has already implemented three of the four recommendations in the Final Report that relate to the Program. As part of the reset Program, the Government, through COVID-19 Quarantine Victoria (CQV), has:

- implemented daily testing of on-site staff and voluntary regular testing of family members. In addition, CQV has a ban on secondary face-to-face employment for key personnel and staff are required to provide personal information as part of onboarding that will inform the pre-emptive contact mapping. This information is being collected for use by Department of Health in the event of an outbreak so contact tracing activities can be completed;
- ensured proper infection prevention and control (IPC) measures are applied in the transit of returned travellers to their quarantine facility, by implementing a range of IPC measures endorsed

by the Chief Health Officer and other experts, and consistent with the best practice identified in the National Review of Hotel Quarantine undertaken by Jane Halton AO; and

- reduced the risk of transmission during transit, by:
 - ensuring that appropriate transportation is selected for each route and adequate hygiene measures and social distancing are in place, taking into account the circumstances of each trip; and
 - securing, as far as possible, an exclusive CQV workforce to reduce the operational and public health risk and ensure the highest standards of IPC. In addition, all contracts with key service delivery partners include provisions for staff and site exclusivity.

The Government has sought legal advice from the Solicitor-General on the Chief Health Officer's mandatory testing powers in hotel quarantine to acquit the outstanding recommendation, and is considering the advice.

Victoria's reset Program is the strongest and safest quarantine program in the country. The Government will continue to evaluate the Program to ensure it is working as effectively as possible.

Role of the control agency and Ministerial accountability

The Government is committed to addressing the challenges in oversight and decision-making identified by the Inquiry and has implemented reforms to address these issues.

The Government will undertake a broad review of the State's emergency management operational governance framework in 2021 including the State Emergency Management Plan (Plan) that was released in September 2020. It will consider the suitability of emergency management arrangements for class 2 public health emergencies including the intersection between the framework and the *Public Health and Wellbeing Act 2008 (Vic)*.

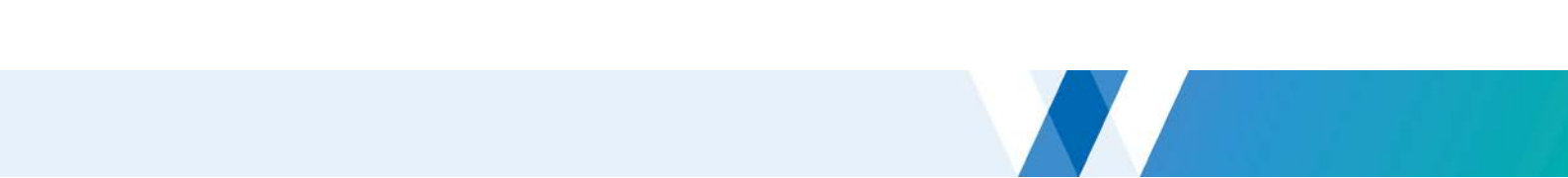
Changes will also be considered to clarify roles and responsibilities, including a more fulsome definition of what constitutes a complex emergency and the role of the designated control agency in a complex emergency.

The Victorian Public Sector Commission (VPSC) will also consider relevant evidence provided to the Inquiry, and will review and update existing guidance, and issue and publish new guidance about the role and obligations of the public service (including senior office-holders).

Pre-pandemic planning

A considered approach to pre-pandemic planning, grounded in the lessons from the ongoing response to the COVID-19 pandemic and previous public health emergencies, will ensure that the Government and the broader community are best-prepared to keep Victorians safe in future public health emergencies.

To respond to recommendations relating to pre-pandemic planning, the new Department of Health will run annual whole-of-government pandemic planning exercises, with the first exercise expected to take place in 2022.



The annual pandemic planning exercises will have a focus on role clarity and responsibilities, to make sure that we do everything we possibly can to learn from the Inquiry and the wider COVID-19 pandemic response.

The Secretary of the Department of Health will engage with the Australian Medical Association (AMA), other representative bodies from the medical profession and the broader health sector in 2021, ahead of the next substantive pandemic preparation exercise in 2022.

The Government also supports actions to address the recommendations from the *Review of Australia's Health Sector Response to Pandemic (H1N1) 2009*. As this recommendation requires national consideration, it is being progressed through National Cabinet and other applicable avenues.

The Government has acquitted 49 recommendations

The Government's reset Program, overseen by CQV, is delivering a robust, safe and effective quarantine program. Principles at the heart of the Program include:

- strong IPC protocols, and advanced testing and contact tracing, as evidenced by the appropriate use of personal protective equipment and appropriate oversight by the Chief Health Officer or Deputy State Controller Health (CQV) (as relevant) including the IPC framework and all IPC policies;
- governance, accountability, auditing and assurance, with the establishment of CQV as a single dedicated agency responsible for overseeing all elements of the Program;
- training and role clarity, including mandatory staff training regarding IPC, emergency response, hygiene standards, and health and safety requirements; and
- resident health and wellbeing, ensuring daily health and wellbeing checks are being undertaken.

Four recommendations have been acquitted in part:

- CQV has acquitted recommendation 16 as it relates to health hotels, with Alfred Health providing strong healthcare expertise at health hotels. The Government does not propose to fill the Site Manager role at quarantine hotels by a person who has experience in the management of complex healthcare facilities, as proposed by recommendation 16. While health professionals work in all parts of the Program, the Site Manager roles at quarantine hotels have been staffed with people with general operations/management experience. Accepting this recommendation in full would likely require use of hospital resources and would have broader impacts on the healthcare sector. There are clinical and IPC leads at each hotel.
- CQV has acquitted recommendations 19 and 21 in part but notes that the workforce model proposed in recommendation 21 is not feasible for all quarantine hotels and would require substantial changes to the Program. The workforce model would require CQV to recruit a Department of Health and/or hospital sector workforce, which may also have broader impacts to the healthcare sector. To acquit the intention of this recommendation, IPC expertise has been embedded into CQV and the Program with a dedicated IPC team established and an on-site IPC lead at each quarantine hotel. All staff located at a hotel have access to an IPC lead and IPC General Manager.

- CQV has acquitted recommendation seven as it relates to suitable locations for quarantine facilities, but matters relating to fresh air breaks will be pursued through National Cabinet to determine a consistent national approach that is safe and underpinned by public health advice (consistent with other recommendations relating to fresh air breaks).

The Government is working with the Commonwealth Government on recommendations that require agreement at the national level

A total of 20 recommendations require close engagement with the Commonwealth and/or consideration by bodies such as National Cabinet or the Australian Health Protection Principal Committee (AHPPC).

Thirteen of the recommendations relate to a home-based model for quarantine. The Government will consider the feasibility of a home-based quarantine program if and when it is deemed appropriate as a public health measure. A home-based model for quarantine must be grounded in public health advice and administered by public health experts with support from agencies responsible for compliance and enforcement, noting the higher level of risk this model creates. The Government will further consider a home-based model in line with any decisions made by National Cabinet and informed by advice from the AHPPC.

The Acting Premier has written to the Prime Minister to request that National Cabinet consider:

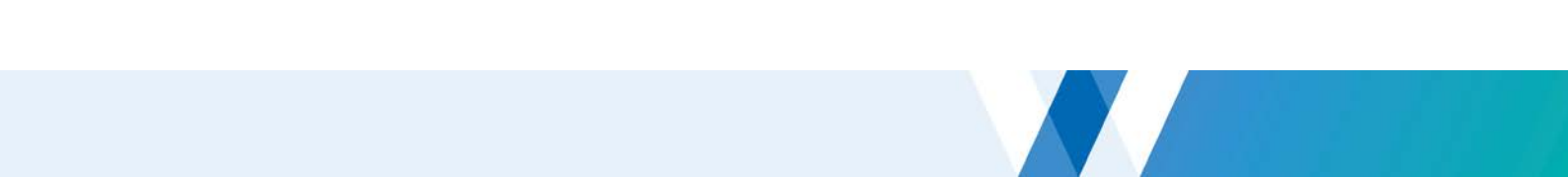
- a home-based model for quarantine of returned travellers;
- information-gathering and electronic record-keeping for returned travellers;
- a consistent national approach to fresh air breaks for returned travellers in quarantine facilities; and
- action to address the recommendations from the *Review of Australia's Health Sector Response to Pandemic (H1N1) 2009*.

The Minister for Health, Secretary of the Department of Health, and Chief Health Officer will also work with their federal counterparts and advocate through appropriate avenues so that necessary action is taken to address the recommendations from the *Review of Australia's Health Sector Response to Pandemic (H1N1) 2009*.

The Government is committed to ongoing reporting and continuous improvement in the Program and pandemic planning and management

The Government is committed to ongoing and transparent reporting against the recommendations to support their timely and effective implementation.

The Government receives regular updates about the reset Program and the response to COVID-19 and will receive regular updates about the implementation status of key recommendations. Periodic public reporting will ensure the community is kept informed of this progress and can be confident that key issues are being appropriately addressed.



Beyond this report, the Government seeks further opportunities to continually improve the Program, learn from previous events, and other jurisdictions, and improve practices and processes in quarantine settings. Additional reviews commissioned in response to recent outbreaks in quarantine in early February 2021 included:

- an expert risk assessment into the use of hotel quarantine to contain COVID-19 variants of concern, led by Deputy Chief Health Officer Professor Allen Cheng, which considered the risks posed by the epidemiology and characteristics of variants of concern, drawing upon recent reports, best practice models and interviews with experts to consider their implications on current quarantine arrangements.
- Independent assessments of ventilation systems at hotels used in the Program.
- An inspection by Jane Halton of the Victorian Operation, including at Melbourne Airport, hotels and all the services/IPC and hotel operations.

Safer Care Victoria were also commissioned to begin a process of ongoing review of the Program for improvement opportunities.

These reviews have informed further improvements to the operational standards and governance arrangements of the hotel quarantine system. Additionally, the rollout of the vaccine to frontline staff involved in the Program has added an additional safeguards. These additional measures have informed decisions to resume quarantining international arrivals.

Alongside this continuous improvement work, the Government is exploring options for alternate quarantine accommodation that address the changing threat posed by COVID-19. Senior officials within the Victorian Government are well advanced on planning work to support this, including examining the model of a purpose-built accommodation hub outside Melbourne's Central Business District.

Response to the Hotel Quarantine Inquiry Final Report Recommendations

#	Recommendation	Status and implementation
The Quarantine Program		
<i>Purpose of the Quarantine Program</i>		
1	The Quarantine Program for international arrivals into Victoria be clearly defined as a public health measure to address the need to contain the transmission of COVID-19 into the community while ensuring that the health and wellbeing of those placed into quarantine is properly addressed together with the need to ensure the safety of all personnel working in the Program.	<u>Acquitted.</u> The Program is a public health measure with the overall objective of a quarantine system to effectively manage the public health risk of COVID-19 entering Victoria.
<i>Control of the numbers</i>		
2	Facility-based model To achieve an orderly and manageable process, the Victorian Government must do all things possible to ensure appropriate and necessary processes are put in place to control the numbers of international arrivals at any given time, informed by the availability of fully operational facilities that are ready and able to receive the agreed numbers.	<u>Acquitted.</u> International passenger arrival caps are in place. There is also ongoing engagement with the Commonwealth and establishment of quarantine capacity. The government is also exploring options for alternate quarantine accommodation outside of using hotels, including a purpose-built accommodation facility outside of Melbourne's Central Business District.
3	Home-based model The numbers of international arrivals also be controlled to make practical and achievable the individual engagement and suitability assessments required for home-based quarantine (see Recommendation 59 in Section 2).	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
<i>Information-gathering</i>		

#	Recommendation	Status and implementation
4	The Victorian Government takes all possible steps to obtain the co-operation and assistance of Commonwealth agencies and officials, to ensure that the best available and most relevant information is provided to State officials as far in advance as possible for each international arrival, in order to facilitate an informed suitability assessment for appropriate placement in the Quarantine Program (including suitability to quarantine at home).	<p><u>For National Cabinet consideration.</u></p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
<i>Electronic record-keeping</i>		
5	The Victorian Government liaises with the Commonwealth to develop a process whereby such information about each international arrival bound for a Victorian point of entry can be placed in an electronic file made available to the state authorities as expeditiously as possible prior to the arrival, and for that file to contain targeted information for State officials to assist in the management of the necessary quarantine arrangements.	<p><u>For National Cabinet consideration.</u></p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
6	All necessary actions be taken to have that electronic file follow the individual from international arrival through to the completion of their quarantine obligations and include all relevant information to assist in that person's safe transition into the community.	<p><u>For National Cabinet consideration.</u></p> <p>A Victorian Quarantine Arrival Form has been put in place which is either completed by the returning traveller for themselves (and dependants) before the flight (preferred) or upon arrival. This information creates the electronic file with all relevant information to assist in that person or dependant's safe transition into the community.</p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
<i>Safe and suitable physical environment for a quarantine facility</i>		

#	<i>Recommendation</i>	<i>Status and implementation</i>
7	<p>Given there are currently no identified specific purpose-built quarantine facilities in Victoria, that hotels remain a reasonable and viable option for international arrivals needing to be placed into quarantine.</p> <p>Relevant criterion for selecting suitable locations as quarantine facilities include:</p> <ul style="list-style-type: none"> A. sufficient proximity to a hospital B. being within commuting distance for adequate numbers of appropriately skilled personnel for the facility C. the facility's: <ul style="list-style-type: none"> I. ability to allow for the physical separation of people II. ability to properly implement all necessary infection control requirements, as far as practicable III. capacity to make necessary modifications and additions to minimise the risk of transmission, as far as practicable IV. ability to provide safe access to outside areas for fresh air and exercise breaks V. ability to provide for specific needs such as mobility issues or the need to cater for infants. 	<p><u>Acquitted in part (A-C(I-III and V) – Acquitted)</u>, and C.IV is for National Cabinet Consideration.</p> <p>All measures accepted, with the exception of C.IV-fresh air breaks, which requires further consideration. Other aspects will be tailored to each facility depending on suitability of facilities that can be acquired.</p> <p>The Victorian Government is exploring options for alternate quarantine accommodation outside of using hotels, including a purpose-built accommodation facility outside of Melbourne's Central Business District.</p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
<i>Governance structure</i>		
8	<p>The Victorian Government ensures that at the ministerial and departmental level, clear control and accountability structures are in place for the operation of the Quarantine Program (including the facility-based program together with any home-based program), to be operated by one Cabinet-approved department, with support from other departments as necessary, but in accordance with a clear line of command vesting ultimate responsibility in the approved department and Minister.</p>	<p><u>Acquitted.</u></p> <p>CQV was established on 1 December 2020 as a dedicated agency to oversee all elements of the Program. CQV is an administrative office in relation to the Department of Justice and Community Safety, with the Minister for Police and Emergency Services the responsible Minister. CQV is led by the Commissioner, CQV, with clear accountabilities and responsibilities to deliver the new, stronger Program.</p>
9	<p>The Victorian Government ensures that the Minister and department approved as the single agency to be accountable for the operation of the Quarantine Program is the department that is the sole agency responsible for any necessary contracts.</p>	<p><u>Acquitted.</u></p> <p>CQV manages contracts for the Program.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
10	The responsible Minister ensures that the departmental structure for the operation of the Quarantine Program has clearly defined roles that have the necessary expertise and advice embedded at appropriate levels of seniority in the operational structure (the departmental governance structure).	<p><u>Acquitted.</u></p> <p>See response to recommendation 8.</p> <p>The Commissioner (and the State Controller for COVID-19 Accommodation), is supported by three Deputy State Controllers:</p> <ul style="list-style-type: none"> • Health Management • Enforcement (through a Victoria Police Deputy Commissioner). • Operations. <p>A Deputy Secretary Policy and Strategy and a Chief Corporate Officer provide enabling and support services across all areas of CQV.</p>
11	The responsible Minister ensures that the appropriate senior members of that governance structure form a body ('Quarantine Governing Body') that meets regularly, is chaired by the Secretary to the responsible Minister, maintains records of its meetings including records of all decisions reached, and provides reports to the Minister from those meetings including in respect to decisions reached.	<p><u>Acquitted.</u></p> <p>See response to recommendation 8.</p> <p>A single line of accountability for the Program and all COVID-19 accommodation has been established under the Minister for Police and Emergency Services.</p> <p>The Program governance has been developed to ensure clear structures, roles and responsibilities; clarity in the escalation process; and that leadership in the governance structure can directly access program staff members to inform the decision-making process.</p> <p>In support of this work:</p> <ul style="list-style-type: none"> • CQV and the Department of Health (DH) will execute a Memorandum of Understanding (MOU) that will outline the respective accountabilities with for both departments. These include the support for the Deputy State Controller Health and need for external IPC audits by DH as requested. These all support the delivery of an effective quarantine program protecting the community from COVID-19, supported by DH public health capabilities. • A high-level governance committee with CQV and DH will be established to escalate and resolve strategic issues, oversee MOU accountabilities.

#	<i>Recommendation</i>	<i>Status and implementation</i>
12	The responsible Minister ensures that the Quarantine Governing Body provides regular, timely and accurate reports to the Minister as to the operation of the Quarantine Program, across all sites, and including all aspects of the entire Quarantine Program, including full and accurate reports as to compliance, monitoring and risks measured against the Purpose (as set out in Recommendation 1).	<p><u>Acquitted.</u></p> <p>Daily reporting is provided to the Minister for Police and Emergency Services and weekly reporting is provided to the Coordinating Ministers Committee of Cabinet.</p>
13	The responsible Minister ensures that the Quarantine Governing Body sets clear and consistent lines of accountability across all individual sites operating as quarantine facilities.	<p><u>Acquitted.</u></p> <p>See response to recommendation 8.</p> <p>A robust governance model has been established with clear lines of accountability and responsibility for the Program. This includes appointing the Commissioner, CQV as State Controller – COVID-19 Accommodation. The State Controller is supported by three Deputy State Controllers:</p> <ul style="list-style-type: none"> • Health Management • Enforcement (through a Victoria Police Deputy Commissioner). • Operations. <p>CQV leads the delivery of services at quarantine hotels which accommodate while Alfred Health leads the delivery of services at health hotels, providing a health-focused response to international arrivals who are COVID-positive, symptomatic, close contacts or who have complex health conditions.</p>
14	The Quarantine Governing Body ensures that each individual quarantine facility site has provided role clarity to all personnel working on-site.	<p><u>Acquitted.</u></p> <p>See response to recommendation 8.</p> <p>Position descriptions for all personnel working in mandatory quarantine and operating instructions for relevant workforces are in place. All staff working in the Program have been employed or directly contracted by CQV, with hotel subcontracting arrangements (such as for cleaning) requiring approval from the State. Alfred Health manage the Health and Complex Care hotels and are responsible for subcontracting their cleaning.</p> <p>All program staff are required to undergo training in IPC, emergency response, hygiene standards and health and safety requirements. Alfred Health are responsible for training their staff in safety and IPC.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
15	The Quarantine Governing Body ensures that each quarantine facility has a Site Manager responsible for the overall operation of that facility, who is accountable to the Quarantine Governing Body.	<p><u>Acquitted.</u></p> <p>Site managers are based at each quarantine hotel. Alfred Health is responsible for health hotels.</p>
16	The Site Manager role should be filled by a person who has experience in the management of complex healthcare facilities.	<p><u>Acquitted in part.</u></p> <p>This recommendation has been acquitted for health hotels but is not feasible for quarantine hotels.</p> <p>CQV has staffed the quarantine hotels with people with general operations/management experience at quarantine hotels for the site manager role.</p> <p>Health professionals work in all parts of the Program.</p> <p>At health hotels Alfred Health provide strong healthcare expertise. Accepting this recommendation in full will likely require use of hospital resources that may have broader impacts to the healthcare sector.</p>
<i>On-site role clarity</i>		
17	The Site Manager ensures that all personnel working in the quarantine facility understand their role and responsibilities.	<p><u>Acquitted.</u></p> <p>See response to recommendation 14.</p> <p>Position descriptions for all personnel working in quarantine and operating instructions for relevant workforces are in place.</p> <p>Site Managers are responsible for providing leadership and guidance to staff in accordance with relevant operating instructions and ensure provision of professional supervision and performance appraisals of all staff. In addition, they provide direction and guidance to staff including training, induction, coaching, and development to manage staff in meeting performance goals.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
18	The Site Manager ensures that all personnel on-site understand to whom they report and all lines of reporting and accountability on-site.	<p><u>Acquitted.</u></p> <p>See response to recommendation 14.</p> <p>Position descriptions for all personnel working in mandatory quarantine and operating instructions for relevant workforces are in place.</p> <p>Site Managers are responsible for providing leadership and guidance to staff in accordance with relevant operating instructions and ensure provision of professional supervision and performance appraisals of all staff.</p>
<i>Appropriate mix of personnel on-site</i>		
19	The model contained in paragraph 21 of Section 1 be considered an appropriate model for the operating structure of a quarantine facility.	<p><u>Acquitted in part.</u></p> <p>This recommendation has been acquitted for health hotels but due to impacts to the broader health system it is not feasible for quarantine hotels.</p> <p>A dedicated IPC team has been established with an allocated on-site IPC lead at each quarantine hotel. IPC frameworks have also been developed for health and quarantine hotels, approved by the Chief Health Officer or Deputy State Controller (Health) (CQV), to ensure consistently high public health standards across the system. All staff located at a hotel have access to an IPC Officer.</p> <p>Supporting this recommendation in full would require substantial changes to the Program and require CQV to recruit a Department of Health and/or hospital sector workforce. Any proposed changes to the operating model must be carefully managed to mitigate disruption to safe quarantine operations. Large scale recruitment of Site Managers with this expertise for quarantine hotel roles may also have broader impacts to the healthcare sector.</p>
20	The Chief Commissioner of Police be requested to provide a 24/7 police presence on-site at each quarantine facility.	<p><u>Acquitted.</u></p> <p>Victoria Police have operational responsibility for providing a permanent 24/7 enforcement presence at quarantine hotels, and 24/7 supervision, enforcement and compliance services at health hotels. Victoria Police also support Authorised Officers who are responsible for administering detention notices across all hotels.</p> <p>A member of Victoria Police has been appointed as a Deputy State Controller with a focus on enforcement and compliance.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
21	<p>The responsible Minister and Quarantine Governing Body ensure that infection prevention and control expertise is embedded in each quarantine facility site, together with the necessary clinical personnel, to meet the mental and physical health needs of people in quarantine. To this end, the model presented and expanded upon at paragraph 21 of Section 1 should be considered a good basis for all quarantine facilities.</p>	<p><u>Acquitted in part.</u></p> <p>See response to recommendation 19.</p> <p>IPC expertise is embedded into CQV with a dedicated IPC team established and an on-site IPC lead at each quarantine hotel. All staff located at a hotel have access to an IPC Officer.</p> <p>IPC frameworks have also been developed for health and quarantine hotels, approved by the Chief Health Officer or Deputy State Controller (Health) (CQV), to ensure consistently high public health standards across the system.</p> <p>All residents in quarantine hotels have access to early health screening, mental health screening, and ongoing support to ensure good mental and physical health. Mental health nurses are on-site at each hotel to undertake assessments of residents upon request or upon escalation by staff.</p> <p>The workforce model presented in the report is not feasible for all quarantine hotels. Supporting this recommendation in full would require substantial changes to the Program.</p>
<i>Dedicated personnel</i>		
22	<p>Accepting the need to bring in expertise, every effort must be made to ensure that all personnel working at the facility are not working across multiple quarantine sites and not working in other forms of employment.</p>	<p><u>Acquitted.</u></p> <p>CQV and other government employees are not permitted to undertake outside work without written approval of CQV executives, with similar contractual arrangements in place for key service delivery partners.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
23	To achieve the aims of Recommendation 20, every effort should be made to have personnel working at quarantine facilities salaried employees with terms and conditions that address the possible need to self-isolate in the event of an infection or possible infection, or close contact exposure, together with all necessary supports, including the need to relocate if necessary and have a managed return to work.	<p><u>Acquitted.</u></p> <p>Workforce arrangements and protocols are in place to ensure the highest standards of IPC (including for health services, Victoria Police, cleaning and transport workforces).</p> <p>A dedicated and exclusive workforce is ensured by mandating that Government employees are not permitted to undertake voluntary or paid work outside the Program without written approval.</p> <p>All Program staff are required to undergo training in IPC, emergency response, hygiene standards and health and safety requirements. Alfred Health are responsible for training their staff in safety and IPC. IPC protocols for all workforces include:</p> <ul style="list-style-type: none"> • daily testing of staff; • voluntary regular testing of their family members; • a centralised contact tracing team; and • advanced contact tracing. <p>The Department of Health offers free and regular testing for other occupants of staff households to enable early identification of transmission from staff to the community.</p>
<i>Infection prevention and control unit on each site</i>		
24	The Quarantine Governing Body ensures that each quarantine facility has a properly resourced infection prevention and control unit embedded in the facility with the necessary expertise and resources to perform its work.	<p><u>Acquitted.</u></p> <p>IPC expertise is embedded into CQV with a dedicated IPC team established and an on-site IPC lead at each quarantine hotel. All staff located at a hotel have access to an IPC Officer.</p>
<i>Training and workplace culture</i>		
25	The Site Manager be responsible for ensuring that all personnel working on-site are inducted into a culture of safety, focussed on infection prevention and control provided by those with the expertise to deliver such training.	<p><u>Acquitted.</u></p> <p>All Program staff are required to undergo training in IPC, emergency response, hygiene standards and health and safety requirements. Alfred Health are responsible for training their staff in safety and IPC.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
26	The culture of safety to be fostered by the Site Manager should encourage collaboration, open discussion as to mistakes and oversights and speaking up about concerns and potential health and safety risks.	<p><u>Acquitted.</u></p> <p>See response to recommendation 25.</p> <p>All CQV on-site staff have undertaken an extensive training program including in IPC, emergency response, hygiene standards and health and safety requirements, and attend daily staff briefings.</p> <p>Site Managers are expected to contribute to a safe and healthy working environment including ensuring strict adherence to personal protective equipment (PPE) requirements, consistent with Occupational Health & Safety policy, procedures and legislation. The Daily Stand-up hotel meetings for all stakeholders (including health staff) include a standing agenda item around safety and IPC. The COVID-19 Accommodation Program independent IPC Steering Committee oversees Assessment of the Safety Culture and Safe Practices.</p> <p>A safety culture is a priority for CQV and reinforced at all levels.</p>
27	The Site Manager be responsible for ensuring that all personnel working on-site are engaged in ongoing training in infection prevention and control provided by those with the expertise to deliver such training tailored to the specific roles to be performed on-site.	<p><u>Acquitted.</u></p> <p>See response to recommendation 25.</p>
28	The Site Manager ensures that the personnel on-site who have the expertise in infection prevention and control are engaged in ongoing monitoring and supervision of all of the requirements in place for infection prevention and control, which includes matters such as individual behaviour, the use of personal protective equipment (PPE) and cleaning practices.	<p><u>Acquitted.</u></p> <p>Regular audits are undertaken by a dedicated IPC team and Alfred Health to ensure compliance with the IPC Frameworks.</p>
<i>Acquisition and use of PPE</i>		

#	Recommendation	Status and implementation
29	The Site Manager ensures that the infection prevention and control experts direct the acquisition, distribution and use of PPE with specific, clear and accessible directions to all personnel on-site (acknowledging that such instructions may vary according to role).	<p><u>Acquitted.</u></p> <p>The IPC Frameworks, including the appropriate use of PPE at health and quarantine hotels, have been developed in consultation with IPC experts, with final approval from the Chief Health Officer.</p> <p>Uplifts to PPE worn by quarantine staff have been implemented; they are now at the same standard as that used in complex care and health hotels.</p>
<i>Cleaning practices in quarantine facilities</i>		
30	The Site Manager ensures that all cleaning practices throughout the site are developed, directed and overseen by personnel with infection prevention and control expertise, and include 'swab' testing as directed by the infection prevention and control experts.	<p><u>Acquitted.</u></p> <p>IPC is the primary objective of the Program.</p> <p>The new Program delivers IPC measures endorsed by IPC experts and the Chief Health Officer, and other elements consistent with best practice identified in the National Review of Hotel Quarantine undertaken by Jane Halton AO. Cleaning operating instructions have been developed in consultation with IPC experts. Cleaning services at quarantine hotels are compliant with the Victorian Cleaning Standards or the National Health Medical Research Council Cleaning Standards. Regular audits are undertaken by Infection Prevention Australia to ensure compliance with the IPC Frameworks.</p> <p>Informed by the findings and observations further reviews, additional measures to strengthen IPC have been implemented.</p>
<i>Independent safety auditing</i>		
31	The Quarantine Governing Body ensures that each quarantine facility site has regular, independent safety audits performed (as against the Purpose set out in Recommendation 1) with reports from those safety audits to be provided to both the Site Manager and the Quarantine Governing Body.	<p><u>Acquitted.</u></p> <p>Audits are being conducted by a dedicated IPC team and Alfred Health.</p> <p>Informed by the findings and observations further reviews, additional measures to strengthen IPC have been implemented".</p> <p>The strengthened governance and agreement of the MOU will ensure that CQV can request IPC spot checks and have established forums to resolve quickly complex issues.</p>
<i>Period of quarantine</i>		

#	Recommendation	Status and implementation
32	A 14-day period in quarantine is appropriate, unless the current state of expert opinion changes, or as otherwise directed by the Chief Health Officer or their delegate.	<u>Acquitted.</u> The Government notes that AHPPC continues to monitor the appropriate period of time for quarantine.
<i>Cohorting of positive cases</i>		
33	Any decision to cohort known positive cases at a particular quarantine facility should only occur after proper consultation with the appropriate experts as to suitability of the facility, any necessary adjustments to the facility, and the experts being satisfied that all necessary infection prevention and control precautions are in place at that facility.	<u>Acquitted.</u> Cohorting in health hotels occurs. Alfred Health has undertaken a site assessment of health hotel sites to ensure they are fit for purpose and able to support the delivery of appropriate IPC procedure and standards.
<i>Testing</i>		
34	All people in quarantine, whether facility or home-based, should be tested on such days as directed by the Chief Health Officer or their delegate, regardless of reported symptoms.	<u>Acquitted.</u> There is ongoing monitoring by the Public Health area in the Department of Health. This recommendation also relates to recommendation 78.
35	For those assessed as suitable for home-based quarantine, it should be a condition of such placement that a person agrees to be tested, as directed by the Chief Health Officer or their delegate.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet. Persons who are provided exemptions to quarantine are required to undertake testing.
<i>Clinical equipment on-site</i>		

#	<i>Recommendation</i>	<i>Status and implementation</i>
36	On advice from the appropriate experts, adequate and readily accessible on-site clinical equipment to address the range of possible health needs of those in quarantine should be placed at each quarantine facility, together with the necessary resources to effectively sanitise any such equipment.	<p><u>Acquitted.</u></p> <p>CQV has developed a COVID-19 Accommodation Quality Framework (the Quality Framework), designed to assist health service providers to deliver high quality and consistent services that respond to the diverse range of resident's needs. The Quality Framework contains a set of standards for the delivery of quality and safe health services across COVID Accommodation.</p> <p>These standards include expectations on clinical processes and equipment. Equipment is managed, serviced and maintained to ensure safety with appropriate service plans in place. Medical emergency equipment, including emergency kits, medication, supplies and equipment are provided, maintained and easily accessible.</p>
<i>Safe transport arrangements</i>		
37	Given the possible COVID-19-positive status of an individual in a quarantine facility or home-based quarantine, arrangements and protocols for the safe transporting of a person for either urgent or non-urgent health reasons should be developed.	<p><u>Acquitted.</u></p> <p>Transfers from the airport generally occur by SkyBus. However, returned travellers who are unwell or displaying symptoms are transported from the airport to hospital using Non-Emergency Patient Transportation or Ambulance Victoria.</p> <p>Residents and staff are required to wear appropriate PPE at all times during transport. Clear transport operating instructions have been established for facility-based quarantine, including transfer from air/seaports and for temporary leave. These instructions set standards for IPC training, PPE use and cleaning requirements.</p> <p>CQV also has established its on transport branch for safe movement of residents between hotels and to health hotels.</p> <p>This recommendation also relates to recommendations 80-81.</p>
<i>Contact tracing unit</i>		

#	Recommendation	Status and implementation
38	<p>That the Quarantine Governing Body ensures that each quarantine facility has a contact tracing unit embedded in the facility that can build familiarity and trust with on-site personnel and has accurate and up-to-date information for such personnel, to enable a rapid and efficient response to any possible outbreak and provide ongoing training to all personnel as to what is required in the event of potential or actual infection.</p>	<p><u>Acquitted.</u></p> <p>Based on direct advice from the Chief Health Officer, CQV (with support from DH) has implemented standardised pre-emptive contact mapping protocols, contractual arrangements, and on-site protocols to provide a safe and practicable approach to managing workforce transmission risks. A dedicated contact tracing unit has been established with responsibility for end to end contact tracing for hotel quarantine residents and staff and their households, including oversight and coordination of testing, results and release decisions – with a designated lead for each facility. This unit will be based at DH, ensuring that contact tracing operations are managed by a single agency.</p> <p>Proactive contact mapping is undertaken which details ahead of any outbreak, the list of primary contacts for residents and staff. Alfred Health will continue to provide contact tracing at health hotels.</p> <p>It is a contractual obligation that all notifications of COVID-19 positive cases and information about progress of contact tracing is shared with leadership to ensure a coordinated response.</p> <p>CQV staff will provide personal information as part of onboarding that will inform the pre-emptive contact mapping. However, in an outbreak DH will undertake contact tracing activities.</p>
<i>Evacuation procedure on-site</i>		
39	<p>Each Site Manager should develop an emergency evacuation plan for the site and ensure it is well understood and regularly rehearsed by all personnel working in the facility and communicated to each of those placed in the quarantine facility.</p>	<p><u>Acquitted.</u></p> <p>Every CQV managed site has an ‘Emergency Management Procedures and Evacuation Plan’. This covers a range of emergencies such as fire, bomb threat, medical and lockdown procedures. All hotels must undertake emergency management and evacuation drills prior to operational commencement. All staff undergo a Hotel Emergency Procedures orientation and must participate in an evacuation drill. Nominated wardens and chief wardens at each site must undergo further training.</p>
Health and wellbeing of people in quarantine		
<i>Daily health and welfare checks</i>		

#	<i>Recommendation</i>	<i>Status and implementation</i>
40	The Quarantine Governing Body ensures that daily health and welfare checks be embedded into the operation of each quarantine facility.	<p><u>Acquitted.</u></p> <p>Resident health and wellbeing is central to the Program and will remain a primary focus of the health response at each quarantine facility.</p> <p>Daily health and wellbeing checks for residents are conducted by the contracted health service providers.</p>
41	Site Managers arrange standard daily health and welfare checks on people in quarantine, to be conducted with the assistance of available technology, such as a visual telehealth platform, where the individual is willing and able to participate in this way or as otherwise directed by the Clinical Manager (as per the model in paragraph 21 of Section 1).	<p><u>Acquitted.</u></p> <p>Daily health and wellbeing checks for residents are conducted by the contracted health service providers.</p>
42	The Quarantine Governing Body provides direction, advice and resourcing as to the use of visual telehealth platforms to enable a case management approach to an individual's health needs, which may enable family, interpreters, existing or preferred healthcare professionals and supports to participate in case conferencing directed to the health and wellbeing of those in quarantine facilities.	<p><u>Acquitted.</u></p> <p>As part of daily health and wellbeing checks, personnel skilled in engaging with multicultural communities will be utilised to conduct the checks as required.</p>
43	That the daily health and welfare checks be conducted by appropriately skilled personnel who are also able to screen for any unmet needs or concerns, rather than limited to a check on COVID-19 symptoms.	<p><u>Acquitted.</u></p> <p>The contracted health service providers (Healthcare Australia and Alfred Health) provide daily health and wellbeing checks of all residents. Mental health clinicians and other wellbeing supports are available 24/7 to residents.</p>
44	Suitable health and welfare checks by appropriately skilled personnel should be conducted on those in home-based quarantine.	<p><u>For National Cabinet consideration.</u></p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
45	The Quarantine Governing Body ensures the ability to provide daily fresh air and exercise breaks for people placed in quarantine facilities is factored into not only the physical layout, but also the staffing of the facility, to ensure there is provision for safe, daily opportunity for people in quarantine facilities to have access to fresh air and exercise breaks.	<p><u>For National Cabinet consideration.</u></p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
46	The Quarantine Governing Body ensures that each facility program operates on an understanding and acknowledgment that a number of people placed in quarantine facilities will experience a range of stressors as a result of being detained in a quarantine facility for 14 days.	<p><u>Acquitted.</u></p> <p>A mental health nurse is on-site at each hotel during daylight hours to undertake mental health assessments of residents upon request or upon escalation by staff. This includes providing assessments of requests from residents for fresh air breaks, which are only permitted if deemed clinically necessary.</p> <p>The on-site mental health nursing services are supported by a 24-hour telehealth mental health team to support on-site general nurses and hotel staff with any resident mental health needs.</p>
47	The Quarantine Governing Body ensures that all reasonable steps are taken to assist those who will be particularly vulnerable and require additional skilled support by reason of their being held in quarantine.	<p><u>Acquitted.</u></p> <p>See response to recommendation 46.</p>
48	The Quarantine Governing Body ensures that every effort is made to provide multiple forms of communication of information throughout the period of quarantine to assist in reducing the distress and anxiety that some people will experience in quarantine.	<p><u>Acquitted.</u></p> <p>Information has been uploaded to the mandatory quarantine website about quarantine in Victoria, so people seeking to enter understand the system and relevant requirements.</p> <p>Comprehensive resident information packs are provided to each resident.</p>
49	The Quarantine Governing Body should address the need to provide accurate, up-to-date and accessible information to all people seeking to enter Victoria through international points of entry, including in community languages, to ensure best efforts at communication are made for all international arrivals.	<p><u>Acquitted.</u></p> <p>Information has been uploaded to the mandatory quarantine website about quarantine in Victoria, so people seeking to enter understand the system and relevant requirements.</p> <p>Comprehensive resident information packs are provided to each resident. Returning travellers are asked to provide relevant personal information prior to arrival to assist with hotel allocations and meeting resident needs.</p>
50	Site Managers ensure that clear, accessible and supportive styles of communication should be regularly used to enable people to have consistent and accurate information about what supports are available to them and who to contact if they have a complaint, a concern or an enquiry while quarantined in a facility.	<p><u>Acquitted.</u></p> <p>Resident information packs include this information. A clear complaints process is also in place for all residents in hotel quarantine.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
51	To assist in creating support for people in quarantine facilities and ensuring that there is information available in a range of formats and languages, Site Managers should assign a role to an appropriate person who can coordinate communications and use various platforms (for example visuals, signs, social media, etc.) to encourage those in quarantine facilities to connect with one another. These platforms can also be used to regularly communicate general and relevant information.	<p><u>Acquitted.</u></p> <p>Hotels provide residents with access to standard hotel entertainment and free Wi-Fi.</p> <p>Resident Zoom meetings have been established as well as a wellbeing group forum.</p> <p>Residents in quarantine are provided with the opportunity to engage in a 'structured day' to establish a routine and enhance wellbeing, as well as mitigate against the risks of mental fatigue, feelings of isolation, and vulnerability.</p> <p>On site, there is a dedicated health and wellbeing role to facilitate and coordinate the structured day and provide additional wellbeing support.</p>
<i>Exemptions and temporary leave</i>		
52	Authorised Officers ensure that each person placed in quarantine, whether facility or home-based, is made aware of the process for requesting temporary leave or an exemption and the criteria upon which such requests will be assessed.	<p><u>Acquitted.</u></p> <p>There are dedicated Authorised Officers at each hotel who are responsible for granting temporary leave.</p> <p>There is a clear process for assessing applications for exemption from quarantine, under delegation from the Chief Health Officer. These generally occur prior to a traveller returning to Australia.</p>
53	Authorised Officers make decisions about whether or not to grant an exemption or temporary leave as promptly as practicable.	<p><u>Acquitted.</u></p> <p>See response to recommendation 52.</p>
54	Authorised Officers ensure that any conditions or restrictions on such grants should be clearly communicated to the person making the request, address the need to manage the risk of transmission of COVID-19 while that person is in the community and is monitored for compliance.	<p><u>Acquitted.</u></p> <p>Authorised Officers are required to provide permission for temporary leave in writing. Clear guidance for Authorised Officers has been developed and a standard permission form which clearly communicates the conditions of temporary leave to residents. Authorised Officers also verbally discuss the temporary leave conditions with a resident prior to departure.</p>

#	Recommendation	Status and implementation
55	To assist Authorised Officers and enhance consistent decision-making, that each Authorised Officer be provided with a checklist and guidance material on all relevant considerations when determining applications for exemptions and temporary leave applications.	<u>Acquitted.</u> Guidance has been developed for Authorised Officers to guide them on relevant considerations when determining applications for temporary leave (e.g. individual circumstances and supporting evidence, public health risk profile, Charter of Human Rights considerations).
<i>Language is important</i>		
56	Language such as 'resident' rather than 'detainee' be used to reduce the risk of such language having a negative effect on the culture of the facility and to reflect that quarantine is a health measure and not a punitive measure.	<u>Acquitted.</u> Quarantine Program documentation and website refers to 'residents'.
<i>Transitioning our of quarantine facilities</i>		
57	People leaving quarantine facilities should be offered an opportunity for a 'de-brief' to assist with their transition out of the facility and also to enable the opportunity for feedback to be passed to the Site Managers to assist in maintaining a culture of continuous improvement.	<u>Acquitted.</u> CQV have developed exit procedures and quarantine and detailed complaints procedures. These include an exit survey at the end of each resident's quarantine period.
Home quarantine model		
<i>Home quarantine as an option</i>		
58	In conjunction with a facility-based model program for international arrivals, the Victorian Government develops the necessary functionality to implement a supported home-based model for all international arrivals assessed as suitable for such an option.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
<i>Control on numbers arriving</i>		
59	The Victorian Government does all things possible to ensure that appropriate controls are put in place to limit the number of international arrivals at any given time to make the necessary individual engagement and assessment for a home-based model practical and achievable.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
<i>Assessment of risk factors for home quarantine</i>		

#	Recommendation	Status and implementation
60	The Victorian Government engages the appropriate expertise to develop a list of risk and protective factors to be used in the assessment of individual suitability for the home-based model.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
61	To assist the Chief Health Officer and Authorised Officers in making such assessments, the Victorian Government engages personnel with the appropriate expertise and training, supported by the necessary resources, to support the Chief Health Officer and Authorised Officers to apply those risk factors to the individual circumstances of international arrivals.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
62	The Victorian Government ensures that the Chief Health Officer and Authorised Officers are provided with the capacity and necessary resources to efficiently confirm the accuracy of information being provided for individual assessments of international arrivals.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
<i>Individual engagement</i>		
63	The Victorian Government takes all necessary steps to address the language and cultural needs of all international arrivals to ensure that accurate information is both obtained for assessment purposes and received and understood by the person subject to the Home Quarantine Directions.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
64	The Victorian Government takes all reasonable steps to assess and provide any reasonable supports that may assist an individual or family to quarantine at home.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
<i>Conditions of Home Quarantine Direction accepted in the form of a personal undertaking</i>		

#	<i>Recommendation</i>	<i>Status and implementation</i>
65	<p>Accepting the need to do all things necessary to mitigate against the risk of non-compliance with a Home Quarantine Direction made by the Chief Health Officer or Authorised Officer, the Chief Health Officer or Authorised Officer could consider making the Home Quarantine Direction conditional upon the eligible person entering into a written undertaking, which could contain specific requirements that they must agree to, including (but not limited to):</p> <p>A. to submit to such COVID-19 testing during the period of home quarantine as is specified by the Chief Health Officer or Authorised Officer</p> <p>B. to allow such people as are required to carry out such testing to enter the premises at which the person is detained to conduct such testing</p> <p>C. to provide during the period of detention such information as is reasonably required by the Chief Health Officer or Authorised Officer in order to review whether their detention continues to be reasonably necessary.</p>	<p><u>For National Cabinet consideration.</u></p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
66	<p>Further, to underscore the gravity of any non-compliance, such an undertaking or agreement could also include an assurance from each person (over the age of 18 years) that they understand and agree to comply with each of the conditions of their quarantine and have understood the penalties that apply to any breaches.</p>	<p><u>For National Cabinet consideration.</u></p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
<i>Monitoring and compliance</i>		
67	<p>The Victorian Government considers enhancing the range of methods for monitoring compliance with Home Quarantine requirements, such as electronic monitoring using smart phone technology and the use of ankle or wrist monitoring systems.</p>	<p><u>For National Cabinet consideration.</u></p> <p>The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.</p>
<i>Penalties for non-compliance</i>		

#	Recommendation	Status and implementation
68	The Victorian Government, in recognition of the risks to public health associated with any non-compliance with the Home Quarantine Directions, considers whether the current penalty regime is sufficiently weighted to enforce compliance.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
69	The Victorian Government, in recognition of the risks to public health associated with any non-compliance with the Home Quarantine Directions, considers whether an offence should be created to apply to any person who knowingly enters a place where a person has been directed to Home Quarantine, unless that person has been authorised by the Chief Health Officer or Authorised Officer to do so.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet.
<i>Pre-pandemic planning</i>		
70	The Victorian Government, through the various national structures available to the Premier, the Minister for Health, the Secretary to DHHS and the Chief Health Officer [CHO], advocates for necessary action to be taken to address the recommendations from the <i>Review of Australia's Health Sector Response to Pandemic (H1N1) 2009</i> as to clarity on roles and responsibilities between different levels of government, management, support systems and communication and policy on quarantine and isolation.	<u>For National Cabinet consideration.</u> The Acting Premier has written to the Prime Minister to propose that this be considered by National Cabinet. The Minister for Health will formally write to their Commonwealth counterpart on this matter. The Chief Health Officer will raise this item at a future meeting of the AHPPC.
71	The Secretary of DHHS engages with the appropriate representative bodies from the medical profession with a view to developing agreed plans as to the availability of medical expertise and resources in the event of a public health emergency and the need for future surge demands.	<u>Accepted.</u> As part of the development process for a future pandemic planning exercise, the Secretary of the Department of Health will engage with appropriate representative bodies from the medical profession to identify key issues to be covered in the future pandemic plan, including availability of medical expertise and resources. It is intended that this will be completed by the end of 2021, ahead of the next substantive pandemic preparation exercise in 2022.

#	<i>Recommendation</i>	<i>Status and implementation</i>
72	The Secretary of DHHS ensures that future pandemic planning exercises should specifically address the need for clarity of roles, structures and accountabilities to ensure the necessary detailed focus and preparedness as to the importance of these issues is widely understood and well-rehearsed.	<p><u>Accepted.</u></p> <p>The Department of Health will run annual whole-of-government pandemic planning exercises that respond to this recommendation and recommendation 73.</p> <p>It is proposed that the next pandemic planning exercise will occur in 2022, subject to ongoing pandemic response priorities.</p> <p>As part of planning for the next pandemic planning exercise, there will be a detailed focus on clarity of roles, structures and accountabilities for testing through the pandemic planning exercise.</p>
73	The Secretary of DHHS, in consultation with representative bodies from the broader health sector, reviews the range of participants currently invited to pandemic planning exercises to assess how the range of representative participants could be expanded to include the broader health sector.	<p><u>Accepted.</u></p> <p>As part of the development process for a future pandemic planning exercise (noted above in the response to recommendation 72), the Secretary of the Department of Health will engage with appropriate representative bodies from the medical profession to identify the best participants to engage in future exercises, looking for representation across the broader health sector.</p>
<i>Role of the control agency and Ministerial accountability</i>		
74	The Emergency Management Commissioner clarifies the language used in the Emergency Management Manual Victoria to ensure that there is no possibility of any ambiguity about the role and responsibility of the control agency, including a more fulsome definition of what constitutes a complex emergency and the role of the designated control agency in a complex emergency.	<p><u>Accepted.</u></p> <p>Victoria's State Emergency Management Plan superseded the <i>Emergency Management Manual Victoria</i> when it was published on 30 September 2020. A review of the Plan will be undertaken in 2021 by EMV in collaboration with control and support agencies including the Department of Health to ensure arrangements are unambiguous, comprehensive and commonly understood.</p>
75	The Secretary of DHHS engages in discussions with the President of the Australian Medical Association [AMA] to address the availability of medical expertise to meet current and future surge and planning demands for public health emergencies.	<p><u>Accepted.</u></p> <p>As part of development of future pandemic planning exercises (and future refresh of the pandemic plan), the Secretary of the Department of Health will engage with appropriate representatives from the AMA on relevant issues of medical workforce availability during public health emergencies, and the best ways to meet current and future demands for medical resources.</p>

#	Recommendation	Status and implementation
76	That the Public Sector Commissioner examines the evidence that emerged in this Inquiry as to the lines of accountability and responsibility as between Departmental heads and Ministers and gives guidance across the public service as to the obligations, both in law and in practice, on heads of departments and senior public office holders.	<p><u>Accepted.</u></p> <p>The VPSC will consider relevant evidence from the inquiry, and will review and update existing guidance, and issue and publish new guidance about the role and obligations of heads of department and senior office-holders.</p> <p>It is intended that the guidance will be issued in in the second half of 2021.</p>
77	The Emergency Management Commissioner, in collaboration with the Chief Health Officer, the Secretary of DHHS and other relevant agencies, reviews the suitability of the Emergency Management framework to Class 2 public health emergencies, including how the framework intersects <i>with the Public Health and Wellbeing Act 2008 (Vic)</i>	<p><u>Accepted.</u></p> <p>EMV will undertake a review of the legislated operational governance arrangements for Class 1 and 2 emergencies.</p> <p>The review has commenced and is scheduled to conclude in the second half of 2021.</p>
<i>Testing regime</i>		

#	<i>Recommendation</i>	<i>Status and implementation</i>
78	<p>To provide clarity to the Chief Health Officer and his delegates on the circumstances in which mandatory testing powers may be exercised and, to further minimise the risks of community transmission arising from the revised hotel quarantine program:</p> <ul style="list-style-type: none"> A. the Responsible Minister should obtain detailed legal advice from the Solicitor-General on the range of circumstances in which ss 113 and 200(1)(d) of the <i>Public Health and Wellbeing Act 2008</i> (Vic) may be exercised to require that those refusing testing at the conclusion of their quarantine period undertake mandatory testing B. the request for such advice should provide a detailed list of practical scenarios that commonly arise, or are expected to arise, in the context of returned travellers refusing to undergo testing in the Hotel Quarantine Program C. recognising that it will not be possible to provide absolute certainty on the range of circumstances in which these powers may be available, the advice should provide practical guidance to the Chief Health Officer and Authorised Officers in their exercise of the powers under ss 113 and 200(1)(d) and consider matters including those listed above in paras 41.a–41.h D. the request for advice should also include a request for a ‘checklist’ to be developed in order to assist those working in the Hotel Quarantine Program to determine when mandatory testing powers and/or the option of imposing an additional 10 days’ quarantine should be exercised E. to accompany this advice, the Responsible Minister should identify an appropriate person who will be available to provide legal advice, at short notice and when required, to the Chief Health Officer and delegates, on the exercise of mandatory testing powers and/or the option of imposing an additional 10 days’ quarantine. 	<p><u>Accepted.</u></p> <p>CQV has obtained legal advice from the Solicitor-General and will consider the implications of the advice for the Program.</p>

#	<i>Recommendation</i>	<i>Status and implementation</i>
79	<p>To protect against the risk of infection spreading to the community via staff or personnel working in the program who have contracted the virus from returned travellers, the Responsible Minister should ensure, or continue to ensure, that:</p> <ul style="list-style-type: none"> A. all on-site staff and personnel, including frontline workers and cleaners, are required to undergo daily saliva testing and weekly nasal swab testing B. family and household members of such frontline staff and personnel are provided with, and given support to access, voluntary testing on, at least, a weekly basis. 	<p><u>Acquitted.</u></p> <p>The Department of Justice and Community Safety had implemented these measures for its internal workforce and was working to implement them with key service providers as far as possible around existing industry standards.</p> <p>As part of the transition to CQV, the Government implemented additional strict on-site IPC protocols for all workforces.</p> <p>In addition, the Department of Health offers free and regular testing for other occupants of staff households to enable early identification of transmission from staff to the community.</p>
<i>Returned travellers' rights and welfare</i>		
80	<p>The Quarantine Governing Body (called COVID-19 Quarantine Victoria) should ensure proper infection prevention and control measures are applied in the transit of returned travellers to their quarantine facility, in the same manner as those measures are applied at hotels. Those measures should include proper social distancing, cleaning and PPE practices.</p>	<p><u>Acquitted.</u></p> <p>IPC is the primary objective of the Program. The Program delivers comprehensive and robust IPC measures endorsed by IPC experts and the Chief Health Officer, and other elements consistent with best practice identified in the National Review of Hotel Quarantine undertaken by Jane Halton AO.</p>
81	<p>To further reduce the risk of transmission during transit, the Quarantine Governing Body should require that:</p> <ul style="list-style-type: none"> A. buses used to transport returned travellers to quarantine facilities must be used only for that purpose and not to provide non-quarantine related transport services to members of the public B. every effort be made to ensure that drivers of buses used to transport returned travellers to quarantine facilities are not permitted to work in other forms of employment (or to drive buses for any other purpose), consistent with Recommendation 22. 	<p><u>Acquitted.</u></p> <p>CQV have implemented these measures for its internal transportation workforce.</p> <p>CQV contracts Skybus to provide transportation to the quarantine hotels from the airport. Skybus drivers are exclusive to the CQV program and cannot work in any other part of the Skybus business nor any other form of work or volunteering. Skybus vehicles used by CQV are dedicated to the quarantine program and subject to strict IPC protocols and cleaning regimens. This includes terminal cleans after each use.</p>